

2001 UNIFORM BUSINESS REPORT (UBR)

0026521 AF

DOCUMENT # L00000005867

FILED

1. Entity Name
PORTELA, LLC

01 MAY 14 PM 1:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**12 HIGH MEADOW ROAD NORTH
SADDLE RIVER NJ 07458**

Mailing Address
**12 HIGH MEADOW ROAD NORTH
SADDLE RIVER NJ 07458**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
142 N ORLANDO AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
COCOA BEACH, FL

City & State

4. FEI Number
58-2559614

Applied For
Not Applicable

Zip Country
32931 USA

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANCILIA, JOHN R ESQ
1686 HIBISCUS BLVD
MELBOURNE FL 32901**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, MANUEL 12 HIGH MEADOW ROAD NORTH SADDLE RIVER NJ 07458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, JOSE 25 KELL AVE STATEN ISLAND NY 10314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIVAS, MANUEL 30 ARMSTRONG AVE WAYNE NJ 07474	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004416386--7 -06/12/01--01072--010 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANUEL RAMIREZ *5/10/01* (201) 934-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)